Charleston Police Department

Gregory G. Mullen Chief of Police



VOLUNTEER PROGRAM APPLICATION

The Charleston Police Department Volunteer Program is a community outreach program designed to encourage citizens to participate in local government.

Whatever your skills or interest, there is a volunteer position for you. With just a few hours of spare time, you can make a difference in your city. Take advantage and fulfill community services requirements, increase your social contact, gain knowledge of the city and help build a better and safer community.

Thank you for your interest and assistance.

Sincerely,

Gregory G. Mullen Chief of Police

Please send completed application to: Charleston Police Department Volunteer Program 180 Lockwood Boulevard Charleston, SC 29403 843.720.2401

CHARLESTON POLICE DEPARTMENT

Application for Volunteer Service 180 Lockwood Boulevard Charleston, SC 29403 (843) 720-2401 (office/voice mail)

Title: Mr./Mrs./Ms./Other

Name____ First ΜI Last Address:_____ Apt. No. City State Zip Code Home Phone: _____ Business Phone: _____ Date of birth: Education: Highest level completed. Grade 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 / Graduate: 1 2 3 4 List areas of study or degrees obtained: Foreign Language (fluent): _ Indicate (x) Computer Skills: Word Perfect MSOffice Other (list) Indicate (x) type of valid driver's license: Standard Operator__/Commercial (CDL)__ State & Expiration Date Professional Certifications, Special Skills, Interests, Hobbies: Occupational background: Describe any volunteer work you have done: How did you hear about our Program? List the days and hours you can be available: List 2 References: (Professional or Personal) Name Street Address City/State/Zip Phone In the past 5 years, have you been convicted of a misdemeanor (including traffic violations): Yes If yes, give dates and details: Indicated any pending charges against you by checking type: None ____ Misdemeanor___ Felony____ Have you ever been convicted of a felony? Yes____ No___ If yes, give dates and details THE INFORMATION SUPPLIED BY ME IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I RECOGNIZE THE NEED OF THE CHARLESTON POLICE DEPARTMENT TO EXAMINE AND VERIFY INFORMATION PERTAINING TO MY QUALIFICATIONS FOR VOLUNTEER SERVICE AND HEREBY FREELY CONCENT TO ALLOWING THE CITY TO VERIFY THE INFORMATION CONTAINED HEREIN. I FURTHER AUTHORIZE THE RELEASE OF SUCH INFORMATION TO THE CITY FOR APPLICATION VERFICATION PURPOSES AND TO VERIFY THE ABOVE INFORMATION. Signature___ Date___